

\_\_\_\_\_

(Assistant Examiner)      (Date)

(Legal Instruments Examiner) (Date)

*Paul* 6/9/07  
(Primary Examiner) (Date)

**Total Claims Allowed: 20**

O.G.  
Print Claim(s)

1

O.G.  
Print Fig.

8b

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant						<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original		Final	Original		Final	Original		Final	Original	
1	1		20	31			91			151	
2	2			32			92			152	
3	3			33			93			153	
4	4			34			94			154	
5	5			35			95			155	
	6			36			96			156	
6	7			37			97			157	
7	8			38			98			158	
8	9			39			99			159	
9	10			40			100			160	
	11			41			101			161	
	12			42			102			162	
	13			43			103			163	
	14			44			104			164	
	15			45			105			165	
	16			46			106			166	
	17			47			107			167	
	18			48			108			168	
	19			49			109			169	
	20			50			110			170	
10	21			51			111			171	
11	22			52			112			172	
12	23			53			113			173	
13	24			54			114			174	
14	25			55			115			175	
15	26			56			116			176	
16	27			57			117			177	
17	28			58			118			178	
18	29			59			119			179	
19	30			60			120			180	